

Arizona Department of Health Services
Office of Child Care Licensing

SGH# _____
L.S.# _____

NOTICE OF CHANGE OF GROUP HOME PROVIDER

Pursuant to R9-3-301.A. The certificate holder shall designate in writing a provider who meets the qualifications of R9-3-302.A. to act on behalf of the certificate holder and to be responsible for the daily on-site operation of the child care group home.

COMPLETE AND RETURN TO:

☐ 150 NORTH 18TH AVENUE, SUITE 400
PHOENIX, ARIZONA 85007
Phone: (602) 364-2539

☐ 400 WEST CONGRESS, SUITE 100
TUCSON, ARIZONA 85701
Phone: (520) 628-6540

☐ 1500 EAST CEDAR AVENUE, SUITE 22
FLAGSTAFF, ARIZONA 86004
Phone: (928) 774-2707

Name: _____ Group Home Telephone # _____

Group Home Name _____ Certificate # _____

Group Home Address _____ City _____ Zip _____

- A. I am at least 21 years of age and will accept the primary responsibility for the daily administration and operation of the child care group home. I possess the minimum qualifications required by R9-3-302.
The group home is my principal place of habitation.

Attach COPIES of each of the following:

- ☐ A high school diploma or its equivalent, associates degree, or bachelor degree and documentation of 3 credit hours or 60 clock hours of training in early education, child development or a closely related field OR documentation of registration as a Level II-B with S*CCEEDS.
- ☐ The *Certificate of Achievement* verifying attendance of the Department's training.
- ☐ A copy of AZ Drivers License or ID issued by the MVD.

B. List all names you have been known by: _____

I hereby declare that the above information is accurate and complete.

Signature of Provider

Date

For OCCL Use Only:

DOCUMENTATION RECEIVED, REVIEWED AND APPROVED

LS/TL Initials

Date